

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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COMMISSIONER

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES

Effective Date: Monday, May 6, 2002

**COMMISSIONER'S POLICY STATEMENT NO. 22-B: RESTRAINT FOR
BEHAVIORAL MANAGEMENT**

This policy has been written to conform with Connecticut General Statutes Section 17a-540-17a, 550, State of Connecticut, Public Act 99-210, and HCFA Conditions of Participation: Interim Final Rule (HCFA 3018-IFC: (f) Standard: Seclusion and Restraint for Behavioral Management), and JCAHO Standards for Behavioral Health; *May 3, 2000*.

It is the expectation of the Office of the Commissioner that each facility that utilizes restraint shall have a written policy and procedure that governs the use of restraint appropriate to its needs. This policy statement serves as the guideline to be used in the drafting of a policy and procedure by the individual facilities. *(See Page 11 for details on facility policy and procedure development)*

PHILOSOPHY

The Department of Mental Health and Addiction Services is committed to providing comprehensive, individualized psychiatric and substance abuse care in safe recovery environments. These environments shall foster a culture of respect, dignity, collaboration, and self-determination. Wellness, rehabilitation, and recovery shall be the over-arching principles guiding all interventions. Within this framework, DMHAS believes that people have the right to be free from the use of restraint except as an emergency intervention to prevent immediate or imminent physical injury. Non-physical and less restrictive interventions are preferred as the first intervention, unless they have been determined to be ineffective or when safety issues require an immediate response.

The Department makes every effort to alleviate the need to employ emergency safety measures. Administrative and clinical leadership articulates this philosophy at all levels through the use of 1) patient-centered care plans that thoughtfully integrate strengths, needs, cultural determinants, and personal preference, 2) clinical staff who are trained and skilled in using preventive and early intervention alternatives, especially conflict resolution strategies, and 3) performance improvement programs that identify the factors that contribute to the use of restraint and are focused on the elimination of restraint.

DEFINITIONS:

Physical Restraint. Any physical (manual) restraint or mechanical device, material, or equipment attached or adjacent to the patient's body that she/he cannot easily remove that restricts the freedom of movement and access to his/her body.

Drug used as a restraint (chemical restraint). A drug is considered a restraint when it is used to control behavior or to restrict a patient's freedom of movement and is not standard treatment for the patient's medical or psychiatric condition. It does not include use of a drug that is part of standard treatment for a patient's medical or psychiatric condition.

Licensed Independent Practitioner. A licensed person who is permitted by law and by the facility to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with granted clinical privileges.

Life Threatening Physical Restraint. Is any physical restraint or hold of a person that restricts the flow of air into a person's lungs, whether by chest compression or any other means.

Time Out is a voluntary treatment strategy designed to assist the client in maintaining or regaining behavioral control through the reduction of environmental stimuli. The patient is encouraged to distance him/herself from the stressor or conflict until constructive problem solving can be employed to mediate the issue.

POLICY

General Considerations

Systems of care that encourage collaboration and respect shall serve as the foundation for the department's efforts to prevent episodes of behavioral dyscontrol and, thereby, reduce and restrict the utilization of restraint as an emergency, time-limited, safety measure. Physical, social, and cultural environments that promote each person's well being and preserve the rights and dignity of all patients, staff members, and visitors shall be maintained. Assessment, communication, training, and collaboration shall be the tools to ensure that each patient's needs, abilities, and functional limitations are understood and addressed in a productive, constructive manner. As such, the use of restraint as a means of coercion, discipline, convenience, or retaliation by staff shall not be tolerated.

Restraint shall only be utilized as a time limited, emergency safety measure for patients who are at imminent risk of physically harming themselves or others, and only after all other interventions have failed or found to be inappropriate. Each episode of restraint shall be followed by debriefing sessions of involved patients and staff to afford all involved parties with the opportunity to discuss their feelings and concerns related to the restraint episode. Within this process, events and/or feelings leading up to the episode of behavioral dyscontrol shall be reviewed with the patient to determine collaboratively what interventions might have been utilized to either prevent the episode or to help the patient regain control earlier. The information collected during the debriefing process shall then be incorporated into the patient's written plan of care.

Training and Education

A comprehensive Behavioral Management Strategies Training Program, which is responsive to continuous performance improvement studies, shall be provided on an annual basis to all employees participating in the care of patients. Only staff members who have attended and demonstrated competence in the training requirements shall be permitted to participate in the application, maintenance, and discontinuation of restraint procedures.

Performance Improvement

The Department of Mental Health and Addiction Services is committed to preventing, reducing, and ultimately eliminating the use of restraint by cultivating staff attitudes and behaviors that reflect patient-centered values and best practice standards. To this end, the leadership of all DMHAS facilities shall be expected to maintain continuous performance improvement activities that deliberately and efficiently review and monitor all episodes of restraint use for clinical justification, unusual incidents or patterns of utilization, and evidence of appropriate monitoring and documentation, with a focus on modifying and enhancing administrative oversight, clinical practice, and training initiatives as indicated.

PROCEDURAL TEMPLATE FOR FACILITY POLICY AND PROCEDURE DEVELOPMENT

Leadership/Staffing

1. The leadership of all DMHAS facilities shall adopt and communicate the Department's philosophy on the use of restraint to all staff that has direct care responsibility.
2. The leadership of all DMHAS facilities shall ensure that staffing levels and assignments are established to minimize circumstances that give rise to restraint use and to maximize safety when restraints are used. *[Staffing levels are based on staff qualifications, the physical design of the environment, diagnosis, co-occurring conditions, acuity, activity levels and age and developmental functioning of individuals served.]*

Patient's Rights

3. Patients have the right to be free from the use of restraint, of any form, as a means of coercion, discipline, convenience, or retaliation by staff. Restraint may only be used as an emergency intervention to prevent immediate or imminent injury to the patient and to others when other less restrictive measures such as redirection or verbal de-escalation have been judged to be ineffective or inappropriate. Non-physical techniques are the preferred intervention.
4. If restraint is used, it must be used in accordance with the patient's plan of care, in the least restrictive manner possible, and ended at the earliest possible time.
5. The type of physical intervention selected takes into consideration information learned from the patient's initial assessment.
6. The use of restraint is **not** based on the patient's restraint history or solely on a history of dangerous behavior, but these factors are considered in the risk assessment for imminence of dangerousness.

Safety Policies

7. Material/equipment used to restraint patients shall have been manufactured solely for that purpose and used according to the manufacturer instructions.
8. The following restraint orders **are not permitted** except as noted:
 - a) PRN Orders;
 - b) camisole restraint;
 - c) safety suits, except for patient transport to an area for safe application of limb restraints; and
 - d) use of restraints with the patient in the prone position (face down).

Initial Assessment at Admission

9. An initial assessment of each individual at the time of admission or intake is conducted to obtain information about the individual which could help minimize the use of restraint.
10. During the initial assessment, the patient and/or family are asked to identify:
 - a) techniques, methods or tools that would help the individual control his/her behavior. These techniques represent the patient's personal safety preferences which are assessed on admission and updated periodically. (*See Commissioner Policy Statement on Personal Safety Preferences*);
 - b) pre-existing medical conditions or physical disabilities/limitations that would place the individual at greater risk during restraint;
 - c) history of sexual or physical abuse that would place the individual at greater psychological risk during restraint; and
 - d) the existence of an advance directive.
11. At the time of the initial assessment/intake:
 - a) the individual and/or family is informed of the facility's philosophy on the use of restraint to the extent that this conveyance is not clinically contraindicated at that time;
 - b) the role of the family, including their notification of a restraint episode, is discussed with the individual and as appropriate with the family. Appropriateness is determined based on the individual's preferences with respect to his/her right to privacy.
 - c) the facility determines whether the individual has an advance directive with respect to behavioral health care, and ensures that direct care staff are made aware of it.

Assessment and Orders for the use of Restraint

12. A physician is required to directly assess a patient (face to face) prior to writing a **new order** for the use of restraints.
13. In the event that a physician is not readily available, a Registered Nurse may initiate the use of restraints in an emergency. In such a case:
 - a) the nurse then calls the physician immediately to obtain the order;
 - b) describes the nature of the emergency and the rationale for procedure;
 - c) consults with the physician about the patient's physical and psychological condition;
 - d) documents the order and rationale on the Physician's Order Sheet; and
 - e) documents the same in the patient's medical record.

14. If the physician receives a call from the Registered Nurse seeking an order for restraints, he/she:
 - a) reviews with staff the physical and psychological status of the patient;
 - b) determines whether restraint should be continued;
 - c) supplies staff with guidance in identifying ways to help the patient regain control in order for restraints to be discontinued, and
 - d) supplies the telephone order.
15. If the physician did not initiate the use of restraints, he/she assesses the patient's condition face to face within 1 hour of the application of restraints and then:
 - a) works with the patient and staff to identify ways to help the patient regain control;
 - b) makes necessary revisions to the patient's treatment plan;
 - c) countersigns the telephone order with date and time of countersignature;
 - d) documents in the medical record the results of his/her assessment;
 - e) documents rationale for the decision to use restraints including less restrictive interventions attempted; and
 - f) documents the effect of restraints on the patient's treatment plan.
16. **All restraint orders** are written for a maximum of three hours at which time restraints are terminated and other forms of treatment attempted unless the patient remains an imminent danger to self or others as assessed by the physician or nurse.
17. Following a direct assessment by the physician or nurse, a patient is removed from restraint at the earliest possible time which may be prior to the time specified in the order, and must be documented in the patient's medical record.
18. If restraint is terminated before the time-limited order expires, a new order is obtained to reapply the restraint if the patient is at imminent risk of harming himself/herself or others and non-physical interventions are not effective.
19. By the time the original order expires and every three hours thereafter, if restraint continues, a face to face re-evaluation of the patient is conducted by the physician or the nurse. This includes re-evaluation of the efficacy of the patient's treatment plan and working with the patient to identify ways to help him/her regain control.
20. When restraint is continued, as a result of the re-evaluation, a written or telephone order is given by the physician for no longer than three hours.
21. **Renewal (telephone) restraint orders** obtained by the nurse (in which a physician does not perform a face to face direct assessment) are only permitted between the hours of 11:00 p.m. and 8:00 a.m. Telephone orders may be obtained every three hours if:
 - a) the physician performed a face to face assessment after 8:00 p.m.; and
 - b) the Registered Nurse determines that the termination of restraint poses an immediate or imminent risk of injury to the patient or to others.

22. The physician issuing the order between the hours of 11:00 p.m. and 8:00 a.m. conducts a face to face re-evaluation within 8 hours and countersigns the telephone orders with date and time.
23. If ~~someone~~ other than the treating physician writes the order, the treating physician is consulted as soon as possible.
24. The exception to the three-hour maximum order for restraint is the use of ambulatory restraints for high risk patients during high security escort and transport. In these cases, ambulatory restraint orders are written for the duration of the "out of facility" appointment. Forensic patients will be transported in a manner as designated by Statute (46a-152).
25. The patient's Attending Physician ensures that the use of restraint for behavioral management is in accordance with a written modification to the patient's treatment plan.
26. Cases in which a behavioral management program is required for a patient who is frequently assessed to require restraints will adhere to the Commissioner's Policy Statement on Behavioral Management Programs.

Notification of the Patient's Family

27. Cases in which the patient has consented to inform his or her family, the family is notified as agreed upon each time restraint is initiated. This also applies to notification of the conservator of person or the patient's health care agent and/or legal advocate.

Implementation of Restraints

28. A team approach is preferable for the implementation of the restraint procedure to assure safety of both patient and staff.

Observation and Care of the Patient in Restraint

29. The condition of the patient who is in restraint is monitored on continuous observation and regularly assessed and re-evaluated at initiation of restraints and every 15-minutes thereafter.
30. Physical restraint may not be used in combination with seclusion. After the first hour, a patient in seclusion only may be continuously monitored using simultaneous video and audio equipment if this is consistent with the patient's condition or wishes.
31. The 15-minute assessment includes, as appropriate to the type of restraint:
 - a) signs of any injury associated with the application of restraint;
 - b) nutrition/hydration;
 - c) circulation and range of motion in the extremities;
 - d) vital signs;
 - e) ~~physical~~ physical status and comfort;
 - f) mental status and patient's preferences for conversation, silent companionship, distraction (e.g., radio, television), or quiet time by him/herself; and

g) readiness for discontinuation of restraint.

32. Staff provide active treatment and discuss with the patient strategies in meeting behavioral criteria for the discontinuation of restraint.

Discontinuation of Restraint

33. Early in the restraint process, the patient is informed of the rationale for restraint and is involved in a process of identifying behavioral criteria for its discontinuation. These behavioral criteria shall be observable, specific, and individualized and may include the following:

- no longer threatening (verbal/physical);
- not struggling against restraints;
- quiet;
- appears in control;
- sleeping; and
- no longer expressing/exhibiting self-injurious intent.

34. Restraint use is discontinued as soon as the patient meets the behavioral criteria for discontinuation.

35. Four point limb restraints may be gradually reduced to three or two points in preparation for a patient's total release from restraints as clinically appropriate. One point limb restraint is not permitted.

Post Restraint Debriefing

36. The patient and staff participate in a debriefing about the restraint episode in order to reduce the recurrent use of restraint.

37. The patient and if appropriate and available, the patient's family, participate in the debriefing with staff who were involved in the episode.

38. Each episode is debriefed as soon as possible and appropriate, and at most 24 hours after the episode.

39. Debriefing is used for the patient, staff, and the unit to assist staff and patients in:

- a) identifying what led to the incident and what could have been handled differently;
- b) ascertaining that the patient's physical well-being, psychological comfort and preferences, and right to privacy was addressed;
- c) counseling the patients involved for any trauma that may have resulted from the incident;
- d) when indicated, modifying the patient's treatment plan; and
- e) assisting all patients and staff who may have been involved or affected by the incident.

40. Information from the debriefing is used in performance improvement activities.

Documentation

41. The medical record contains documentation of the admission/intake assessment which addresses:
 - a) that the patient and/or family were informed on the facility's policy on the use of restraint.
 - b) any pre-existing medical conditions or physical disabilities that would place the patient at greater risk during restraint;
 - c) any history of sexual or physical abuse that would place the patient at greater risk during restraint; and
 - d) personal safety preferences which are part of every initial assessment. (*Refer to Commissioner Policy Statement on Personal Safety Preferences*)
42. The medical record contains documentation of each episode of restraint including the following: (*See attached sample forms for documentation of seclusion/restraint*)
 - a) the circumstances that led to their use;
 - b) the use and effectiveness of **non-physical interventions**;
 - c) the **rationale** for the type of physical intervention selected;
 - d) **notification** of the individual's family/conservator/legal advocate, when appropriate;
 - e) **written orders** for use;
 - f) **identification with the patient of behavioral criteria** for discontinuation of restraint;
 - g) **each telephone order** received from a licensed independent practitioner;
 - h) **each face to face evaluation** and re-evaluation of the individual;
 - i) **15-minute assessments** of the individual's status;
 - j) **assistance provided** to the individual to help him or her meet the behavioral criteria for discontinuation of restraint;
 - k) **continuous monitoring**;
 - l) **debriefing** of the individual with staff;
 - m) **death or injuries** that are sustained and treatment received for these injuries; and
 - n) **evaluation** of effectiveness of interventions with restraints.
43. Documentation is accomplished in a manner that allows for the collection and analysis of data for performance improvement activities.
44. In cases in which a behavior management program has been developed for the patient in restraints, documentation in the medical record shall take place in the same manner as described in items 41 and 42 at the time the restraint order is written or renewed and at the time the face to face assessment is done.

Monitoring and Oversight

45. Routine monitoring and oversight of restraint use shall include:
 - a) All episodes of restraint will be reviewed at the unit level each day by unit leadership to ensure that the interventions are justified and that documentation of this evidence is complete. In addition, all episodes of restraint will be monitored by the Nursing Department with the goal of reducing the use of restrictive procedures. In order to review justification and investigate unusual incidents or patterns of utilization, and ensure

appropriate monitoring and documentation, the Director of Nursing or his/her designee will review the order initiating or continuing restraint on a daily basis. All restraint data will be gathered by the Inpatient Service and sent to the Director of Nursing or his/her designee on a monthly basis. This information is reviewed in an on-going way by a facility's performance improvement team, reported to the OOC on a quarterly basis, and reported in aggregate to the State Board of Mental Health and Addiction Services and Connecticut Legal Rights Project/Office of Protection and Advocacy on a quarterly basis.

- b) Should a patient be involved in 2 or more episodes of restraint or spend 12 hours or more in restraint within a 24 hour period, the attending psychiatrist will review the patient's care with the facility Medical Director or his/her designee.
- c) Should a patient be involved in 6 or more episodes of restraint or spend 24 hours or more in restraint within a 48 hour period, the facility Medical Director or his/her designee will consider development of a Behavioral Management Program for the patient. (See CPS 22d, Behavioral Management Program).
- d) Should a patient be involved in 12 or more episodes of restraint or spend 48 hours or more in restraint within a one week period (with all previous efforts having been reviewed at the facility level), the facility Medical Director or his/her designee will notify the DMHAS Office of the Medical Director for review and consultation regarding the patient's on-going care needs. The consultation is documented in the patient's medical record.

Staff Training and Competence

- 46. Training requirements shall include, but not be limited to, staff being able to demonstrate an understanding and/or competence
 - a) of the underlying causes of behavioral dyscontrol experienced by the individuals they serve;
 - b) that aggressive behavior is at times related to a medical condition, e.g., fever, hypoglycemia;
 - c) of how their own behaviors can affect the behaviors of the individuals they serve;
 - d) in the use of prevention techniques and alternatives to handle symptoms, behaviors, and situations that have historically prompted the use of a restrictive procedure;
 - e) in verbal defusing or de-escalation strategies, or use of time out;
 - f) in approved physical holding techniques and take-down procedures;
 - g) in the correct application and removal of mechanical restraints;
 - h) in the differences between life threatening and other levels of physical restraint holds;
 - i) in the differences between permissible holds and pain compliance techniques;
 - j) in recognition of signs of physical distress in individual being held or restrained;
 - k) in first aid and cardiopulmonary resuscitation, and emergency medical response [*leadership ensure an appropriate number of staff are available at all times to respond in a medical emergency as detailed in the facility plan for providing emergency services*].
- 47. Training requirements for staff authorized to perform 15-minute assessments on individuals in restraints include:
 - a) taking vital signs and interpreting their relevance to the physical safety of the individual in restraint;
 - b) recognizing nutritional/hydration needs;
 - c) checking circulation and range of motion in the extremities;

- d) assessing physical status and comfort;
 - e) assessing mental status and preferences for conversation, silent companionship, distraction (e.g., radio, television), or quiet time by him/herself;
 - f) assisting individuals in meeting behavior criteria for the discontinuation of restraint;
 - g) recognizing readiness for the discontinuation of restraint; and
 - h) recognizing when to contact a medically trained licensed independent practitioner or ~~emergency~~ medical services in order to evaluate and/or treat the individual's physical status.
48. Additional training requirements for staff who are authorized to initiate restraint and perform evaluations/re-evaluations in the absence of a licensed independent practitioner include:
- a) recognizing how age, developmental considerations, gender issues, ethnicity and history of sexual or physical abuse may affect the way in which an individual reacts to physical contact; and
 - b) the use of behavioral criteria for the discontinuation of **restraint** and how to assist individuals in identifying and meeting these criteria.
49. Individuals who have experienced restraint are involved in staff training in order to help staff understand their perspectives. These individuals whenever possible shall contribute to the training curricula and participate in staff training.

Notification of Clinical Leadership

50. Clinical leadership (as defined by each facility) is informed of all instances in which patients experience extended or multiple episodes of restraint as follows:
- a) patients who remain in restraint for more than **12 hours**; or
 - b) patients who experience **2 or more separate episodes** of restraint of any duration within **12 hours**; and
 - c) thereafter, leadership is notified **every 24 hours** if the above conditions continue.
51. Clinical leadership uses this information to discharge its clinical responsibility by:
- a) assessing whether additional resources are required to facilitate discontinuation of restraint;
 - b) developing or accessing additional strategies for assisting the patient in achieving behavioral control; and
 - c) minimizing recurrent instances of restraint.

Performance Improvement

52. The facility collects data on the use of restraint in order to monitor and improve its performance of processes that involve risks.
53. The facility collects data on restraints,
- a) in order to ascertain that restraints were used only as emergency interventions;
 - b) to identify opportunities for incrementally improving the rate and safety of restraint use; and
 - c) to identify any need to redesign care processes.
54. Data is to be collected and aggregated monthly on all restraint episodes and classified for all settings/units/locations by:

- a) shift;
 - b) staff who initiated the process;
 - c) the length of each episode;
 - d) date and time each episode was initiated;
 - e) day of the week each episode was initiated;
 - f) the type of restraint used;
 - g) whether injuries were sustained by the individual or staff;
 - h) age of the individual;
 - i) gender of the individual;
 - j) whether personal patient safety preferences were considered, and
 - k) whether appropriate debriefings were conducted.
55. Data on restraint are analyzed (*see above*) with particular attention to:
- a) multiple instances of restraint experienced by an individual within a 12 hour timeframe;
 - b) the number of episodes per individual;
 - c) instances of restraint that extend beyond 12 consecutive hours; and
 - d) use of psychoactive medications as an alternative for, or to enable discontinuation, of restraint.
56. Physicians (Licensed Independent Practitioners) participate in measuring and assessing use of restraint for all patients within their facilities.

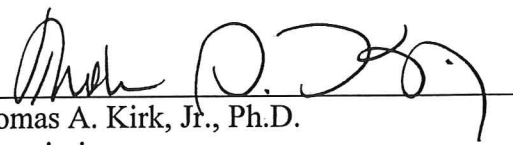
Reporting of Restraint

57. The use of restraints shall be reported to the Office of the Commissioner (OOC) monthly in accordance with the guidelines promulgated by the OOC.
58. A patient injury as a result of restraint use is reported via the incident reporting system to the Office of the Commissioner.
59. Each facility is to report to the Office of the Commissioner any death that occurs while a patient is in restraint or in which it is reasonable to assume that a patient's death is a result of restraint.
60. Following consultation with the Office of the Commissioner, each facility is to report to HCFA any death that occurs while a patient is in restraint or in which it is reasonable to assume that a patient's death is a result of restraint.
61. If the use of restraints results in any incident of serious injury or death of persons in restraint, the Commissioner shall report any serious injuries or death due to restraints to the Office of Protection and Advocacy for Persons with Disabilities.
62. Deaths related to a restraint device are reported to the manufacturer of such device.

63. Data on restraint are sent to the NASMHPD Research Center who forwards these data to JCAHO in compliance with the ORYX Initiative.

Policies and Procedures

64. Facility policies and procedures include appropriate detail that addresses *prevention* of the use of restraint and, when employed, guide their use. Policies and procedures address:
- a) staffing levels;
 - b) competence and training of staff;
 - c) the initial assessment of the individual;
 - d) the role of non-physical techniques in the management of behavior;
 - e) time-out;
 - f) limiting the use of restraint to emergencies;
 - g) notification of the individual's family when restraint is initiated;
 - h) ordering of restraint by a licensed independent practitioner;
 - i) in-person evaluations of the individual in restraint;
 - j) initiation of restraint by an individual other than a licensed independent practitioner;
 - k) time-limited orders;
 - l) reassessment of an individual in restraint;
 - m) monitoring the individual in restraint;
 - n) discontinuation of restraint;
 - o) post-restraint practices (debriefing);
 - p) reporting injuries and deaths to the organization's leadership and to the appropriate external agencies consistent with applicable law and regulation;
 - q) documentation;
 - r) integration of data collection and analysis on restraint into performance improvement activities for violence prevention and restraint reduction; and
 - s) Behavioral Management Programs.


Thomas A. Kirk, Jr., Ph.D.
Commissioner

This directive replaces Commissioner's Interim Policy Statement No. 22-B, Restraint for Behavioral Management dated December 18, 2000.

PART I - Initial Assessment by RN and MD☐ General Psychiatry Division☐ Whiting Forensic Division☐ Addiction Services Division

Shift: _____

Unit: _____

Patient Name: _____

MPI # _____ *Print or Addressograph Imprint***ORDER START DATE:** _____ **TIME:** _____ **am/pm****Describe the Emergency/Imminent Risk, Precipitating Factors, Specific Interventions Utilized, and Patient Response Prior to Initiation of Seclusion/Restraint (If necessary use additional Progress Note sheet(s) and attach.):**

RN: _____

Less Restrictive Interventions Attempted (Check all used):

- | | | |
|---|--|---|
| <input type="checkbox"/> Active listening | <input type="checkbox"/> Physical exercise | <input type="checkbox"/> Re-direction |
| <input type="checkbox"/> Decrease environmental stimuli | <input type="checkbox"/> PRN/Stat medication offered/taken | <input type="checkbox"/> Time Out |
| <input type="checkbox"/> Diversion/distraction | <input type="checkbox"/> Medication refused | <input type="checkbox"/> Verbal support/reassurance |
| <input type="checkbox"/> Immediacy prevents less restrictive intervention | <input type="checkbox"/> Problem-solving/attempts to resolve | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Increase level of observation or interaction | <input type="checkbox"/> Quiet Time | _____ |
| <input type="checkbox"/> Personal Safety Preference Form Consulted | | |

Description of Emergency/Imminent Risk, Direct Assessment of the Patient and Justification of the Seclusion/Restraint:

MD: _____

_____ **Psychotropic Medication Status Prior to**

Seclusion/Restraint

- | | |
|-------|--|
| _____ | <input type="checkbox"/> Routine psychotropic medication ordered and taken |
| _____ | <input type="checkbox"/> Routine psychotropic medication ordered and NOT taken |
| _____ | <input type="checkbox"/> No routine psychotropic medication ordered |

Attending MD Notified? ☐ Yes ☐ No ☐ N/A☐ PRN Psychotropic medication takenIntervention Support Team Notified? ☐ Yes ☐ No administered☐ STAT/emergency psychotropic medication

Patient Name: _____ MPI#: _____

Justification for Seclusion/Restraint (Check all that apply):
☐ Imminent risk of serious physical assault
 ☐ Imminent risk of serious self destructive behavior

 "All Available"/Code (Behavioral Management Emergency) Called? ☐ Yes ☐ No
Procedure (Check ONE of the following categories: Seclusion, Ambulatory Restraint OR Non-Ambulatory Restraint)Seclusion
☐ Locked (1)
☐ Unlocked (2)
☐ Emory Craig Cubicle Bed (TBI Unit) (2)
☐ Other: _____
Restraint – Ambulatory
☐ 2 point (wrist) (1)
☐ 4 point (wrist & ankles) (1&2)
☐ Other Ambulatory (3) _____
Restraint - Non-Ambulatory
☐ 4 point to bed (1,2 &4)
☐ 4 point & waist to bed (1,2,3&4)
☐ Posey Net Restraint to bed (6)
☐ Restraint chair waist only (3&5)
☐ Restraint chair 4 point & waist (1,2,3&5)
☐ Other Non-Ambulatory (9): _____
Criteria for Discontinuation of ProcedurePatient Notified of Criteria for Discontinuation? ☐ Yes ☐ No ☐ Unable

Assessment Criteria for Discontinuation Include:

- Patient is no longer threatening (verbal/physical)
- Patient is not struggling against restraints
- Patient is quiet
- Patient appears in control
- Patient is sleeping
- Patient is no longer expressing/exhibiting self injurious intent

Notification of Conservator/Family (completed by Attending Psychiatrist/designee OR On-Call MD)Does the Patient have a Conservator of Person? ☐ Yes ☐ No

If yes – Conservator notified by: _____ Name of Conservator: _____

Conservator's response: _____

Was family notified? (Check for release of information and/or directives recorded on the Personal Safety References Form CVH-469)

☐ No, patient unable to give permission
☐ No, patient prohibits notification
☐ Other directive: _____

☐ Yes - Family notified by: _____ Name of Family Member: _____

Family's response to notification of seclusion/restraints:

☐ No further calls necessary ☐ Continue to call for each episode ☐ Notify once a week (8:00 am – 4:30 pm)
☐ Other: _____

Signature (Assessing RN)_____
Date_____
Time

am/pm

Printed Name: _____

Signature (Evaluating MD)_____
Date_____
Time

am/pm

Printed Name: _____

I have reviewed this seclusion/restraint episode for accuracy and completion of all applicable protocols._____
Signature (Nursing Supervisor)_____
Date_____
Time

am/pm

Printed Name: _____

- [] General Psychiatry Division
 [] Whiting Forensic Division
 [] Addiction Services Division

PART II - NURSING OBSERVATION AND CARE OF THE PATIENT

Patient Name: _____

Unit: _____ ORDER START DATE: _____ TIME: _____ am/pm MPI#: _____ Print or Addressograph Imprint

TIME q 15 min	STAF F INIT	BEHAVIORAL OBSERVATION (Use Codes Below)	CARE (Use Codes Below)	VITAL SIGNS	INTERVENTION (Use Codes below)	RN HOURLY ASSESSMENT AND PROGRESS NOTE (Include physical condition and behavioral assessment)	RN INIT	
1				Pulse: Resp.: Pulse: Resp.: B/P:		Behavioral Assessment: Physical Condition: Vitals: [] Stable [] Other: _____ Skin: [] Intact [] Other: _____ Circulation: [] Adequate [] Other: _____ Injury Noted? [] Yes [] No		
2				Pulse: Resp.: Pulse: Resp.: B/P: Temp.		Behavioral Assessment: Physical Condition: Vitals: [] Stable [] Other: _____ Skin: [] Intact [] Other: _____ Circulation: [] Adequate [] Other: _____ Injury Noted? [] Yes [] No		
3				Pulse: Resp.: Pulse: Resp.: B/P:		Behavioral Assessment: Physical Condition: Vitals: [] Stable [] Other: _____ Skin: [] Intact [] Other: _____ Circulation: [] Adequate [] Other: _____ Injury Noted? [] Yes [] No		
				INTERVENTION(S) ATTEMPTED FOR REDUCTION/REMOVAL OF SECLUSION/RESTRAINT				
				PE Review of precipitating event with patient				
				ER Review emotional response with patient				
				AR Offer/discuss alternative actions/responses with pt				
				MED Offer patient medication				
				REL Offer patient & demonstrate/practice relaxation strategies				
				ACT Offer patient distracting/calming activities (e.g. reading, story telling, music, etc.)				

R Refused care - any care code

* RN Reassessment for self

destructive behaviors	Discontinuation RN to Confer with MD	and respiratory adequate	followed by an "R" will indicate the care was offered but was refused	LRP Implement less restrictive procedure DC Discontinued Procedure R Refused – Any reduction attempt code followed by "R" will indicate intervention was offered but refused by patient	
9 Verbal threats to harm others					
10 Yelling, Screaming, Shouting					

**PART III - Reassessment/Reorder of
Seclusion/Restraint By MD**

Patient Name: _____

☐ General Psychiatry DivisionMPI # _____ *Print or Addressograph Imprint*☐ Whiting Forensic Division☐ Addiction Services Division Unit: _____

Reorder Date of Seclusion/Restraint: _____ Time: _____ am/pm

Original Start Date: _____ Start Time: _____ am/pm

Describe Specific Interventions Utilized and Patient Response Prior to this Reassessment/Reorder of Seclusion/Restraint:

Attending MD Notified? ☐ Yes ☐ No ☐ N/A

Justification for Seclusion/Restraint (Check all that apply):

☐ Imminent risk of serious physical assault☐ Imminent risk of serious self destructive behavior

Less Restrictive Interventions Attempted (Check all used):

☐ Active listening☐ Physical exercise☐ Re-direction☐ Decrease environmental stimuli☐ PRN/Stat medication offered/taken☐ Time Out☐ Diversion/distraction☐ Medication refused☐ Verbal support/reassurance☐ Immediacy prevents less restrictive intervention☐ Problem-solving/attempts to resolve☐ Other _____☐ Increase level of observation or interaction☐ Quiet Time

Psychotropic Medication Status During the Prior 3 Hours of Seclusion/Restraint:

☐ Routine psychotropic medication ordered and taken☐ PRN psychotropic medication taken☐ Routine psychotropic medication ordered and NOT taken administered☐ STAT/emergency psychotropic medication☐ No routine psychotropic medication ordered

Procedure (Check ONE of the following categories: Seclusion, Ambulatory Restraint OR Non-Ambulatory Restraint):

SeclusionRestraint – AmbulatoryRestraint - Non-Ambulatory☐ Locked (1)☐ 2 point (wrist) (1)☐ 4 point to bed (1,2 &4)☐ Unlocked (2)☐ 4 point (wrist & ankles) (1&2)☐ 4 point & waist to bed (1,2,3&4)☐ Emory Craig Cubicle Bed (TBI Unit) (2)☐ Other Ambulatory (3)☐ Posey Net Restraint to bed (6)☐ Other: _____☐ Restraint chair waist only (3&5)☐ Restraint chair 4 point & waist (1,2,3&5)☐ Other Non-Ambulatory (9): _____

Criteria for Discontinuation of Procedure

Patient Notified of Criteria for Discontinuation? ☐ Yes ☐ No ☐ Unable

Assessment Criteria for Discontinuation include:

- Patient is no longer threatening (verbal/physical)
- Patient is not struggling against restraints
- Patient is quiet

- Patient appears in control
- Patient is sleeping
- Patient is no longer expressing/exhibiting self injurious intent

Date _____ Time _____ am/pm _____

Signature (Evaluating MD)

Printed Name

DISTRIBUTION:

Original – Chart (file in date order in the Progress Note Section)

Photo Copy – Data Entry

DISCONTINUATION/CONTINUATION OF SECLUSION/RESTRAINT

☐ **DISCONTINUATION of Seclusion/Restraint**

☐ **CONTINUATION of Seclusion/Restraint**

Patient Name: _____ MPI#: _____

DISCONTINUATION: Procedure is: <input type="checkbox"/> Seclusion <input type="checkbox"/> Restraint End Date of Seclusion/Restraint: _____ Time: _____ am/pm		
Patient Debriefing: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ _____	Staff Debriefing: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ _____	Patient Community Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> N/A

CONTINUATION: Procedure is: <input type="checkbox"/> Seclusion <input type="checkbox"/> Non-Ambulatory Restraint <input type="checkbox"/> Ambulatory Restraint	
Ordered at: Date: _____ Time: _____ am/pm By: _____ <i>(Name of Physician)</i>	<i>RN to initiate a new Part II – "Observation and Care of the Patient" form (CVH-480b)</i> <i>MD to initiate a Part III "Reassessment of Seclusion/Restraint" form (CVH-480-c) when a face to face is required</i>

RN Summary Progress Note (Check one)

- ☐ **Discontinuation:** Include patient's mental and physical condition, response to procedure, recommended alternative strategies to prevent recurrence. Include patient's and staff's perspective.
- ☐ **Continuation:** Include commentary on patient's mental and physical condition, patient's response to procedure, alternative strategies attempted during the 3-hour interval, patient's behaviors that justify imminent risk.

Physical Condition:

—

Vitals: ☐ Stable ☐ Other: _____

Circulation: ☐ Adequate ☐ Other: _____

—

Skin: ☐ Intact ☐ Other: _____

—

Occurrence of Injuries:

- ☐ Injuries to patient on initiation of Seclusion/Restraint
- ☐ Injuries to patient while in Seclusion/Restraint
- am/pm
- ☐ No injuries to patient occurred

If Patient Injured:

MD Notified at: _____

Date Time

Signature RN: _____ Date _____ Time _____ am/pm

Printed Name: _____

I have reviewed this seclusion/restraint episode for appropriateness and accuracy and completion of all applicable protocols.

Signature Nursing Supervisor: _____ Date _____ Time _____ am/pm

Printed Name: _____

DISTRIBUTION: **Original - Chart** (file behind corresponding Part I or Part III)) **Photo Copy** (*both sides*) – **Data Entry**

PATIENT DEBRIEFING

Patient Name: _____

MPI # _____ *Print or Addressograph Imprint*☐ General Psychiatry Division☐ Whiting Forensic Division☐ Addiction Services Division Unit: _____

Date: _____ Time: _____ am/pm

1. INCIDENT DESCRIPTION

- A. The purpose of completing this form is to **prevent** a similar incident from happening again. Please describe your behavior that led up to your being placed in seclusion or restraint. *Where were you? What happened? What did you do?*

- B. What *had* you been **thinking** about at the time you were getting upset? _____

- C. What *were* you **feeling** upset about? _____

- D. In the **week prior** to the incident, have any of the following factors been true for you:

☐ Poor appetite or eating☐ Physical illness☐ Difficulty sleeping☐ Problems with peers☐ Other major changes or stressors in your life: _____

- E. What **other factors** may have made you more sensitive or vulnerable to losing control at this time? _____

2. POST INCIDENT MANAGEMENT

- A. What would you **change** so that you are able to calm yourself and effectively cope with a similar situation? _____

File in Progress Note section following the corresponding "Discontinuation" portion of Part II "Observation & Care of the Patient"

B. What are the *consequences* of your behaviors? _____

3. PREVENTION

A. What could have *been done differently* to prevent the situation from happening? Think of *specific points along the way* (like a crossroad) where you could have done something differently that might have made the outcome of the incident better.

B. What are the things that *you* could do differently if faced with a similar situation again? What can you *plan ahead* to do to cope better without losing control?

C. What could *Staff* do differently if faced with a similar situation again? _____

Completed by:

Staff Signature and Title

Printed Name

Date: _____ Time: _____ am/pm